



Proposed/Temporary Administrative Rules Form

Section 1 (To be Completed by Agency)

Agency Name: Idaho State Department of Agriculture		STARS Agency Code: 210	Fax Number: (208)334-2378	Date: May 7, 2014
Contact Person: Stacie Ybarra	Title: Program Specialist	Phone: (208) 332-8691	Email: stacie.ybarra@agri.idaho.gov	
Person Authorizing Rule: Brian Oakey	Title: Deputy Director	Phone: (208) 332-8500	Email: brian.oakey@agri.idaho.gov	
Statutory Authority for the rule making (Idaho Code, Federal Statute or Regulation): Section 71-111, Idaho Code				
Title, Chapter, and Possible Docket (IDAPA) Number: IDAPA 02.02.14 – Rules for Weights and Measures				
This rule is: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Temporary			Effective Date:	
If this is a temporary rule: <input type="checkbox"/> Necessary to protect the public health, safety, or welfare; or <input type="checkbox"/> Compliance with deadlines in amendments to governing law or federal programs; or <input type="checkbox"/> Conferring a benefit. Please explain:				
If this is a temporary rule which imposes a fee or charge, provide justification as described in Idaho Code 67-5226(2):				
Agency has determined according to Idaho Code 67-5220(1): <input type="checkbox"/> This rule is to be negotiated <input checked="" type="checkbox"/> Negotiation of this rule is not feasible				
If rule is negotiated: Agency certifies that the rule <input type="checkbox"/> has been or <input type="checkbox"/> will be negotiated with interested persons as outlined in Idaho Code 67-5220(3). <i>(indicate which)</i>				
If rule negotiation is not feasible, the agency has determined: <input type="checkbox"/> Rule is temporary; or <input type="checkbox"/> Lack of identifiable representatives of affected interests; or <input checked="" type="checkbox"/> Rule is simple in nature; or <input type="checkbox"/> Affected interests are not likely to reach consensus; or <input type="checkbox"/> Other. Please explain:				
Pursuant to Section 67-5220(2), Idaho Code, negotiated rulemaking will not be conducted because of the simple nature of this change. The purpose of this change is to clarify the rule and bring it in-line with the Federal EPA CFR.				
Provide a fiscal impact statement for all programs affected. Be sure to reflect both positive and negative impacts and to include all fund sources including both the General Fund and dedicated funds: ISDA does not anticipate any fiscal impact from the changes to be made to the Rule during this rulemaking.				
Provide a short explanation of the need for this rule: Our current labeling requirement conflicts with the EPA 40 CFR § 80.1501 when ethanol blends are offered for sale at blends greater than 10%. Any blend less than 10% is not required to be labeled under federal requirements, but will continue to be required by state rule.				

Provide a short summary of the changes this rule makes:	
Language will be added to the labeling requirement section for oxygenated gasoline that will clarify the labeling requirements of 10% or less ethanol blend ranges. This rule change will not impact petroleum retailers that comply with the current rule.	
Provide a list of those persons or interest group(s) affected by this rule:	
Outreach will include: Idaho Petroleum Market Association, Idaho Retail Association, Farm Bureau and interested legislators.	
Section 2 (To be Completed by DFM)	
DFM Analyst Comments:	
DFM Analyst Fiscal Impact Review:	
DFM Analyst Signature & Date: Anita Hamann, May 27, 2014	Recommend: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gov Special Assistant Signature & Date: Cally Younger, May 30, 2014	Recommend: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DFM Administrator Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Authorized to Advance Rulemaking Process, DFM to review draft rule prior to publication (See Section 3) <input type="checkbox"/> Not Approved	
DFM Administrator Signature & Date:  5/30/2014	
Section 3 (To Be Completed By DFM if Required)	
DFM Analyst Signature & Date:	Recommend: <input type="checkbox"/> Yes <input type="checkbox"/> No
DFM Administrator Signature & Date:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No

Return via email to: info@dfm.idaho.gov

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